Multi-country Western Pacific TB Grant
Draft Phase 2 Performance Framework
Summary of Approach - 15 March 2010

1. Purpose

The draft Phase 2 Performance Framework contains a number of important changes when compared to the Phase 1 Performance Framework. These changes are discussed in the Performance Framework Excel file in detail, in the variance analysis worksheet. The purpose of this document is not to provide an indicator by indicator summary of the variance. Rather, it provides a summary of the changes (point 2 below) and to outline the process of review, approval and endorsement of the draft Phase 2 Performance Framework carried out by the Principal Recipient (point 3 below).

2. Summary of changes

The draft version of the Phase 2 Performance Framework was developed by the Principal Recipient taking into account:

(a) overall adequate grant performance to date;

(b) the original proposal targets;

(c) more detailed guidance from international partners on what represent strong indicators, as contained in the Multi-partner M&E Toolkit, version 3. The toolkit is a significant improvement on resources available at the time of Round 7 proposal preparation, by reason that it better defines some Service Delivery Areas (SDAs); and

(d) the grant management team's experience in working with the Global Fund on what are acceptable performance based indicators, how to more accurately formulate specific measurable targets, and a better understanding of the “directly tied” concept that was included in earlier templates for reporting.

In addition, the existing approved Phase 1 Performance Framework was reviewed for ongoing relevance (from technical and grant performance standpoints), appropriateness and timeliness. Specific regard was given to the new (soon to be endorsed) regional strategy for TB control in the Pacific (referred to at Annex 6 of the Phase 2 PIRMCCM proposal application).

In response to this review, and through a consultative process described below, the Performance Framework was modified to better reflect the maturation of the grant moving from Phase 1 into Phase 2. The Phase 1 Performance Framework contained 15 indicators against 8 SDAs. The revised Phase 2 Performance Framework contains 13 indicators against 10 SDAs. A summary of the SDAs represented in the 2 Performance Frameworks (i.e. Phase 1 and draft Phase 2) is presented in Table 1.

An increase in the number of SDAs is partly due to the widened scope of indicators in the draft Phase 2 Performance Framework but also due to the fact that a greater number of SDAs exist now than did in the past. This enables National TB Programmes, and the PR, to better identify the main activity group or programme that is being supported. That is, there were a number of activity groups not clearly identified because of the earlier SDA guidance available for proposal preparation.

Table 1: Service Delivery Areas in Phase 1 and draft Phase 2 Performance Frameworks

Service Delivery Areas in Phase 1 Performance Framework	Service Delivery Areas in draft Phase 2 Performance Framework
• Standardised treatment, patient support and patient charter • Improving diagnosis • Monitoring and evaluation • Health systems strengthening • Advocacy, communication and social mobilisation • High risk groups • Multi drug resistant TB • TB/HIV	• High quality DOTS • Improving diagnosis • Monitoring and evaluation • Health systems strengthening (health workforce) • Procurement and supply management • Advocacy, communication and social mobilisation • High risk groups • Multi drug resistant TB • TB/HIV • Operational research

In preparation for Phase 2, the Phase 1 indicators were modified having regard to five main criteria:

(i) ongoing relevance and applicability to the timing of the grant (i.e. Phase 1 vs Phase 2);
(ii) technical accuracy and relevance having regard to considerably improved epidemiological data, and improved consistency, since Q 1 2007, and certain revised population estimates;
(iii) refinement of existing indicators to make them more clearly defined in terms of what is being measured, and ensuring that what is stated is able to be measured in a meaningful way;
(iv) review of the level of indicators to determine whether it was possible and appropriate to raise the focus of the reporting to higher level indicators (i.e. people reached or service points supported rather than people trained or process/ activity); and
(v) particularly for complex areas of program implementation, grant performance to date.

<u>Overall summary of outcome of technical review</u>

In the draft Phase 2 Performance Framework:

- Five (5) indicators remain unchanged from Phase 1. These indicators were deemed to be relevant, applicable, technically sound and important indicators for measuring grant performance going into Phase 2.

- Three (3) Phase 1 Performance Framework indicators were removed altogether. These indicators were deemed to be more relevant to Phase 1 only, and included indicators such as the "number or National TB Programmes with costed monitoring and evaluation plans" and the "number of National TB Programmes with multi drug resistant (MDR)-TB plans".

- Six (6) indicators were modified moving from Phase 1 into Phase 2. Two indicators that were the same-but for different categories of countries (higher burden, compared to lower TB burden) were combined into 1 indicator. Two training indicators were combined into one indicator (and re-defined to match the indicator definition in the M&E Toolkit) based on regional Global Fund meetings which explained the overall rating methodology and the Global Fund's preference for aggregated data when appropriate. The two high risk groups indicators were refined to make them more relevant to Phase 2, and the contact tracing indicator was improved to make it more technically correct.

- An additional two indicators (one on MDR-TB and one on advocacy, communication and social mobilisation (ACSM)) were refined to make them more appropriate moving into Phase

2 in the Pacific context. By way of example, the Phase 1 ACSM indicator was about the number of PICTs that have developed ACSM strategies whereas the ACSM indicator in the Phase 2 draft Performance Framework is about implementation of ACSM activities against these strategies. In this way, a process indicator was lifted to become one about supporting service points and a natural progression for strategy development to activity implementation against that strategy can be measured.

- Finally, 2 new indicators were introduced. One is a revised MDR-TB indicator which will aim to measure treatment success in MDR-TB patients and the other is an indicator about operational research.

The resultant Phase 2 draft Performance Framework is one that has a slightly reduced number of indicators spread across a more clearly defined number of SDAs, an improved number of indicators in the people reached and service points supported categories, and fewer indicators in the people trained and process/activity categories (refer to Table 2). Importantly, the Phase 2 indicators are seen to build directly upon the performance indicator achievement in Phase 1 to date (i.e. the Progress Update and Disbursement Report for Phase 1, period 3, dated 1 March 2010).

Table 2: Summary of indicators in Phase 1 and draft Phase 2 Performance Frameworks by level of indicator

Level of indicator and (description)	Number of indicators in Phase 1 Performance Framework	Number of indicators in draft Phase 2 Performance Framework
3 (People reached)	6	7
2 (Service points supported)	4	4
1 (People trained)	2	1
0 (Process/ activity)	3	1
Total	15	13

3. Process of review and endorsement

The Phase 2 Performance Framework was developed by the Principal Recipient with input from National TB Programme staff in the 11 participating Pacific island countries and territories (PICTs) and technical staff from the Secretariat of the Pacific Community (SPC), the World Health Organization (WHO) and the PIRMCCM TB Technical Working Group (TWG).

The process for review and approval was as follows:

(a) Review of Phase 1 Performance Framework indicators by National TB Programme staff from 10 participating PICTs (excluding Tuvalu) at a Global Fund implementer's training in February, 2010.

(b) Draft Phase 2 Performance Framework drafted by team of grant management and technical staff at SPC, Noumea. An internal review followed and the draft Phase 2 Performance Framework was adjusted accordingly.

(c) Draft Phase 2 Performance Framework was reviewed by WHO TB Medical Officer, and adjusted accordingly.

(d) Draft Phase 2 Performance Framework was sent to the TB TWG of the PIRMCCM for review. After TWG discussion and comment, TWG members were largely in agreement with the indicators, and made minor refinements to one indicator to ensure a more accurate data set on which to report.

(e) Thereafter, the Phase 2 Performance Framework was sent to the PIRMCCM Executive for approval and endorsement before submission to the Global Fund, Geneva.